

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	AM	896	2/1/01
<b>RESPONSE FORMALITY REVIEW</b>	MO	J Carr	03/02/01
<b>Res</b>	TZ	947	11/27/01
			02/28/02

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) ... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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50		N	

Claim	Final	Original	Date
51	✓	N	
52			
53	✓		
54	✓		
55	✓		
56	O		
57	O		
58	✓		
59	O		
60	O		
61	✓		
62	✓		
63	✓		
64	✓		
65	✓		
66	✓		
67	✓		
68	✓		
69	✓		
70	✓		
71	O		
72	✓		
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74	✓		
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Claim	Final	Original	Date
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3C-571  
02/28/02  
If more than 150 claims or 10 actions  
staple additional sheet here

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